

Facial Plastic and Reconstructive Surgery Fellowship

Curriculum



Virginia Mason

TABLE OF CONTENTS

Introduction.....3
Number of Positions3
Prerequisites for Training4
Duration of Training4
Training Faculty.....4
Training Institution4
Salary4
Experience.....5
Didactics and Conferences.....6
Call Schedule6
Educational Objectives7
Rhinoplasty – Patient Care Objectives7
Rhinoplasty – Medical Objectives9
Practice-Based Learning Objectives11
System-Based Practice Objectives.....12
Professionalism, Interpersonal and Communication Objectives13
Research and Teaching Objectives14
Teaching Methods.....16
Evaluation and Feedback16
Grievance Policy.....17
Appendix: AAFPRS Curriculum Compendium Bibliography18

Introduction

Accredited by the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), the Facial Plastic and Reconstructive Surgery (FPRS) Fellowship at Virginia Mason provides one year of hands-on, subspecialty education and training across a broad spectrum of facial plastic and reconstructive cases. The aims of the fellowship are to provide the fellow with a broad and comprehensive education in preoperative management and counseling; in-office procedures; and clinical and operative experiences in aesthetic, reconstructive, and congenital facial plastic surgery.

Virginia Mason is known nationally and internationally for its application of lean principles from the Virginia Mason Production System (VMPS) to increase patient safety and quality of care, while reducing costs. The fellow will be immersed in these principles throughout the fellowship, leading to deepened understanding of the broader healthcare context and how lean methodology can be applied in future practice settings.

Number of Positions

The Accreditation Council for Postgraduate Surgical Education (ACPSE) accredits one fellow each year with salary support through VMMC for one year of training.

For US military fellows in which a 2-year commitment is required, the first year of commitment would account for the accredited year and an alternate training curriculum would be developed for the second year of training. One additional fellow would be considered only under special circumstances if salary support for either (or both) is provided from another sponsoring institution (i.e. US military). The primary training responsibility and conditions described in this document pertain to fellows matched through the AAFPRS / ACPSE for the 1 year of training.

Prerequisites for Training

Candidates must be physicians who are currently in or have completed an otolaryngology or plastic surgery residency program accredited by the ACGME or Royal College of Physicians and Surgeons of Canada (FCPSC), or board-certified in otolaryngology-head and neck surgery or plastic surgery.

Duration of Training

The duration of training is one year.

Training Faculty

Seven primary faculty expose fellows to a full range of cosmetic procedures, accident or injury reconstruction cases, and congenital facial plastic surgery. The group includes experts in rhinoplasty, oculoplastic surgery, head and neck reconstruction, facial nerve reinnervation/reanimation, craniofacial and microtia reconstruction, Mohs reconstruction, and facial rejuvenation procedures.

Training Institution

Hands-on training is divided between three sites, including Virginia Mason Medical Center, the Larrabee Center, and Seattle Children’s Hospital. In rare circumstances, the fellow may observe procedures or patient care at other local institutions. Scholarly activities, didactics, conferences and courses are located at Virginia Mason Medical Center and University of Washington.

Salary

Salary and benefits are competitive at the regionally-determined PGY level.

Experience

Over the course of the fellowship, the fellow will average two days in the operating room, two days in clinic, and one day of research and observation each week. The fellow will manage the day-to-day running of facial plastic and reconstructive surgical services, encompassing both minor and major cases; cover emergencies and inpatient consultations; and supervise the inpatient team, which includes otolaryngology residents rotating from the University of Washington (UW), Madigan Army Medical Center, and general surgery residents from VMMC under the guidance of attending physicians.

The fellow’s time is divided into three key areas:

Operative Care	45%
Clinical Care	45%
Research/Publication	10%

In clinics precepted by faculty, the fellow will predominately see consultations for facial plastic and reconstructive surgery-related problems including rhinoplasty, facial nerve paralysis, gender dysphoria, and other complex facial deformities or aesthetic complaints. Surgical cases will focus heavily on rhinoplasty as the core topic of the fellowship. Surgical treatment also includes primary and secondary craniofacial disorders (e.g., revision cleft lip, VPI, microtia), microvascular free tissue transfer, gender affirming facial surgery, and facial rejuvenation. As the fellowship year progresses, incremental increase in independent practice will be expected including attending clinic and OR cases commiserate with experience and competency.

Topics the fellow may choose to teach as part of UW resident education include cosmetic surgeries, oculoplastic surgery, oral and maxillofacial surgery, dermatology, Mohs surgery, head and neck surgery, and others, as deemed appropriate. Additionally, the fellow will work in the dissection lab and attend M&M conferences, tumor board conferences, journal clubs, and lectures.

The FPRS Fellowship also provides a unique educational opportunity for the fellow to attend an annual trip abroad. These missions may include an educational program of didactics and clinical training with host country residents/surgeons in plastic surgery. Cases performed by the fellow may include treatment of patients with congenital disorders, traumatic facial deformities from war, explosions, burn injuries, vascular malformations, and cancer.

Didactics and Conferences

The fellow attends and actively participates in conferences and meetings at Virginia Mason Medical Center and University of Washington (UW), to include UW didactic programs, UW Facial Plastic Surgery Fall Course, online Evidence Based Medicine course, grand rounds, journal clubs, and other organizational meetings.

Call Schedule

Call is taken predominantly from home (1 week in 8) as attending for VMMC otolaryngology/facial plastic/ head and neck surgery. Call may occasionally have support from rotating resident coverage. The head and neck surgery practice is further supported by VMMC general surgery resident coverage. The fellow must come into the hospital for emergent consults and surgeries while on call, and to round on the weekends and/or holidays as needed. One or more national holiday calls is expected. Occasional backup coverage for Oculoplastic, Mohs surgery partners and for Dr. Larrabee is also requested. There are no call responsibilities for SCH except backup call for microtia patients admitted after surgery.

Educational Objectives

The fellow will be mentored and directly supervised by faculty toward achievement of goals in six areas: 1) rhinoplasty patient care, 2) rhinoplasty medical knowledge, 3) practice-based learning, 4) system-based practice, 5) professionalism, interpersonal and communication skills, and 6) research and teaching. Competency will be assessed and progress towards these objectives will be monitored on a daily basis and throughout the program.

Rhinoplasty - Patient Care Objectives

The FPRS fellowship offers opportunities for exposure to both surgical treatment and non-surgical management of face, head, and neck concerns. Rhinoplasty is considered the core topic of the FPRS fellowship. The fellow will complete the workup and counsel patients on management options, including both medical and surgical interventions. Plans of care will be approved by the attending physician. Surgical procedures will be directly supervised by the attending physician, who will also co-sign all hospital progress notes. The attending physician will assess plans of care, surgical skills, and progress notes to assess the fellow's preparation for advancing toward independent practice.

At the end of **Quarter 1**, the fellow will:

1. Perform facial analysis, including focused nasal analysis.
2. Perform nasal examination, including intranasal examination and palpation, and correlate examination findings with underlying structural etiologies.
3. Develop surgical and medical plans for management of obstructive symptoms including ICD and CPT coding, and appropriately document justification of plans.

At the end of **Quarter 2 & 3**, the fellow will:

Perform all of the previous quarter-specific learning objectives with increasing skill, plus:

1. Competently perform common surgical procedures in rhinoplasty, including access incisions for both endonasal and external rhinoplasty approaches.
2. Develop a surgical plan to address the functional and/or cosmetic concerns of the rhinoplasty patient and formulate alternative options to the surgical plan.
3. Demonstrate consistently improved skill in harvesting ear grafts and rib grafts as needed for revision cases.
4. Evaluate patients with facial nerve paralysis, gender dysphoria, and other complex facial deformities.

At the end of **Quarter 4**, the fellow will:

Perform all of the previous quarter-specific learning objectives with increasing skill, plus:

1. Anticipate unintended changes to the nose after performing a surgical maneuver and manage them with subsequent maneuvers, i.e. anticipate that interdomal/transdomal sutures to achieve tip refinement may cause changes to the lateral crura.
2. Demonstrate mastery in harvesting ear grafts and rib grafts as needed for revision cases.

Rhinoplasty - Medical Knowledge Objectives

Fellows are assigned to a broad-based primary and tertiary practice of facial plastic and reconstructive surgery with an emphasis on rhinoplasty as the core topic. In addition to rhinoplasty, the fellow is exposed to adult facial plastic surgery, microvascular reconstruction, oculoplastic surgery, cosmetic facial rejuvenation procedures, and microtia reconstruction. Under preceptorship of faculty, the fellow is responsible for formulating plans of care, including selecting a surgical approach, obtaining preoperative medical clearance, and counseling the patient regarding risks and benefits of the procedure, as part of obtaining informed consent. The fellow is also directly responsible for the management of all patients hospitalized on the facial plastic surgical service, including peri-, intra- and post-operative care. The case mix for surgical volume is approximately 40% rhinoplasty, 15% oculoplastic, 15% Mohs reconstruction, 10% microsurgical/facial nerve, and 20% other (microtia, FFS, facial rejuvenation, etc).

Once mastery of these skills has been established, more complex cases are targeted. All surgery assignments are reviewed by the program director and adjusted as needed to ensure adequate breadth of experience. The fellow is responsible for logging all cases in the online Fellowship Database on the AAFPRS website. At periodic intervals, each fellow’s case log will be evaluated for deficiencies or remediation as needed.

At the end of **the year**, the fellow will be able to:

1. Describe risks associated with surgery.
2. Demonstrate essential knowledge of nasal anatomy.
3. Demonstrate knowledge of the anatomic and pathophysiologic changes of commonly diagnosed nasal deformities.

4. Demonstrate knowledge of complex anatomy and pathophysiology as it relates to nasal deformities.
5. Publish in a peer-reviewed journal.
6. Prioritize potential causes of patient complaint; compare and contrast diagnoses under consideration.
7. Incorporate imaging and laboratory data to refine the differential diagnosis, as needed.
8. Accurately diagnose a condition and develop a management plan.

Practice-Based Learning Objectives

Practice-based learning and improvement are essential during the fellowship, and throughout the fellow's career. The fellow is required to investigate and evaluate their care of patients, comprehend relevant information, and demonstrate consistent commitment to lifelong learning.

Throughout the fellowship year, the fellow will:

1. Self-evaluate performance.
2. Incorporate feedback.
3. Identify strengths, deficiencies, and limits in self-knowledge and expertise.
4. Set learning and improvement goals in a manner that fosters productive self-directed learning.
5. Actively participate in quality improvement projects.
6. Locate, appraise, and assimilate evidence from scientific studies pertinent to patient care.
7. Use technology to enhance patient care and self-improvement.
8. Evaluate and analyze patient care outcomes.

System-Based Practice Objectives

The fellow is required to demonstrate awareness of and responsiveness to the larger context and system of health care. System-based practice includes coordinating and providing effective, quality patient care within the health care system relevant to the clinical specialty, applying principles of high-value health care and promoting patient safety according to Virginia Mason and AAFPRS guidelines.

At the end of **the year**, the fellow will be able to:

1. Utilize/access outside resources.
2. Demonstrate awareness of and accommodate to circumstances affecting patient care, including the patient’s financial resources and other factors that can affect health care delivery and quality.
3. Understand the basics of patient safety and clinical risk management, with emphasis on avoidance of medical errors.

Professionalism, Interpersonal Skill and Communication Objectives

Throughout the fellowship year, the fellow will:

1. Exhibit ethical and responsible behavior, including respect, compassion, honesty, and integrity, in all aspects of practice and scholarly activity.
2. Demonstrate accountability to patients, society and the profession, acknowledging errors as appropriate.
3. Maintain responsibility for their own emotional, physical and mental health, including fatigue awareness and management.
4. Demonstrate sensitivity to diverse patient, staff, and support personnel populations.
5. Exhibit a commitment to lifelong learning and self-assessment.
6. Consider needs of patients, families, and colleagues.
7. Provide team-based care and develop productive relationships with patients, peers, staff members, and interdisciplinary care team members.
8. Ensure that patients understand their condition(s) and treatments, encourage questions from patients, and provide explanation appropriate to patient needs.
9. Educate and counsel patients, families, and colleagues when appropriate.
10. Identify and accommodate special communication needs of vulnerable populations, including children, elderly, patients with complex bio-medical and psychosocial conditions, persons with disabilities, immigrant and refugee populations, veterans, prisoners, etc.

Research & Teaching Objectives

The fellow dedicates one day per week to research. In the first month of the fellowship, the fellow works closely with the program director and faculty to identify a clinically-relevant question to research. The fellow then drafts and submits a research proposal to the program director by August 1st, and submits the abstract through the AAFPRS Fellowship database by September 1st. The fellow will prepare at least one manuscript for publication by the end of the fellowship or the year immediately after to qualify for the Roe and Gillies Awards. Based upon their research interests, fellows may also opt to pursue online or in-person education in research methodology, and/or participate in clinical trials.

All research data must be stored on a secured, shared drive. No PHI may be placed on a flash drive or moved from the secured, shared drive in any manner. If the fellow is unable to complete a manuscript prior to completion of program appointment, authorship may change. Access to Virginia Mason's electronic medical record, including for the purpose of research, concludes when the appointment ends.

At the end of **Quarter 1**, the fellow will:

1. Develop and submit a plan for independent research (including outcome measures) suitable for publication in a peer reviewed journal.
2. Complete and submit a fellowship abstract, due on September 1, to the AAFPRS Fellowship Database.
3. Register for the Harborview Facial Plastic Dissection course.

At the end of **Quarter 2**, the fellow will:

1. Complete the Harborview Facial Plastic Dissection course (3rd Thursday and Friday in November).
2. Prepare and schedule a podium talk to residents in otolaryngology and related fields.
3. Organize a city-wide Journal Club Meeting in Facial Plastic Surgery.
4. Guide residents through basic aspects of surgical management as a junior attending.
5. Continue or finalize data collection and analysis for proposal submitted in Quarter 1.

At the end of **Quarter 3**, the fellow will:

1. Write and distribute manuscript to co-authors for revision.
2. Present data, analysis, and findings to program director.

At the end of **Quarter 4**, the fellow will:

1. Complete all manuscript preparation, including revisions with co-author feedback.
2. Submit manuscript for publication.

Teaching Methods

The principal teaching methods of the FPRS fellowship program are case- and/or procedural-based discussions and direct instruction by the attending physician in the conduct of clinic or performance of facial plastic and reconstructive procedures. Teaching may also include:

1. Modeling by attending physician
2. Hands-on training supervised by attending physician
3. Participation in regularly scheduled clinical conferences
4. Attendance at annual, scheduled, and small conferences and meetings
5. Review and reading of scientific literature
6. Preparation and delivery of Virginia Mason Grand Rounds presentations
7. Online instruction on a variety of content areas

Evaluation and Feedback

A standard written evaluation of the fellow is completed by the faculty on a quarterly (written) and semi-annual (online) basis. Semi-annual online evaluations are submitted to the AAFPRS database. Evaluation discussions include review of the fellow's case log in order to ensure sufficient breadth of experience.

The methods of evaluation used for assessing fellow competence include:

1. Direct observation by faculty and staff
2. Written feedback submitted to program director from faculty and non-physician members of the inpatient and outpatient care teams
3. Quarterly written evaluations and meetings with the program director
4. Semi-annual online evaluations and meetings with the program director

The fellow is evaluated on performance in six areas: 1) patient care, 2) medical knowledge, 3) practice-based learning, 4) system-based practice, 5) professionalism, interpersonal, and communication skills, and 6) research and teaching. The program director provides specific feedback on surgical technique in real time, including selection and usage of instruments, efficiency of movement, and care and handling of tissues.

The fellow submits evaluations of teaching faculty and the program at the end of the fellowship year. These evaluations are distributed by and returned to the program director, who maintains the confidentiality of the results. The fellow may raise concerns of complaints directly to the program director. In cases where the program director is not available, or if the grievance involves the program director, the fellow may bring issues to the Office of Graduate Medical Education, Human Resources, or the Chief of the Department of Surgery.

Grievance Policy

The FPRS Fellowship abides by the Grievance Policy of Virginia Mason Medical Center. Please refer to Virginia Mason Medical Center's Grievance Policy found here:

http://vnet.vmmc.org/Policies/Published/policy_F8CD09.pdf#search=grievance%20policy

APPENDIX 1: AAFPRS Curriculum Compendium Bibliography



The FPRS Fellow is required to complete the ABFPRS examination at the end of the fellowship term in order to become eligible for national board certification in facial plastic surgery. Articles on the Curriculum Compendium Bibliography are an excellent source of study material for any physician sitting for the examination.

Please refer to the AAFPRS webpage for more information and to access the curriculum:

https://www.aafprs.org/Professionals/Professional_Development/Fellowship_Programs/Curriculum_Compndium_Bibliography/ERF/Curriculum_Bibliography.aspx?hkey=b705bc5a-7973-4d95-97f9-75a1eb92fb7e